



California eHealth Stakeholder Webinar

January 13, 2010

1pm – 2pm Pacific Daylight Time

Participant Toll Free: (877) 531-2985

Passcode 162491

Register for Webinar: <https://www1.gotomeeting.com/register/904169785>

Purpose

To dramatically improve safe and secure patient and provider access to personal and population health information and decision-making processes, benefiting the health and wellbeing, safety, efficiency, and quality of care for all Californians.

Goals

1. To ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care
2. To engage in an open, inclusive, collaborative, public-private process that supports widespread EHR adoption and a robust, sustainable statewide health information exchange
3. To improve health care outcomes and reduce costs
4. To maximize California stakeholders' collective access to critical ARRA stimulus funds
5. To integrate and synchronize the planning and implementation of HIE, HIT, telehealth and provider incentive program components of the federal stimulus act
6. To ensure accountability in the expenditure of funds
7. To improve public and population health through stronger public health program integration, bio-surveillance and emergency response capabilities

eHealth in California –

Diverse Resources to Support EHR Adoption

- CHHS HIT Coordinator –
HIE Cooperative Agreement
- Medicare EHR Incentive Program
- Medi-Cal EHR Incentive Program
- Cal eConnect Services for HIE
- Public Health
- Regional Extension Centers
 - Cal HIPSO
 - COREC
 - HITECH-LA
- California Telehealth Network
- Beacon – San Diego



Registration Opens for Medicare & Medicaid EHR Incentive Programs on January 3, 2011

Registration for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, administered by the Centers for Medicare & Medicaid Services (CMS), starts on January 3, 2011.

The U.S. Department of Health and Human Services has resources available for you to adopt, implement, or upgrade to a certified EHR product and help you register to receive incentive payments:

- The CMS Medicare and Medicaid EHR Incentive Programs website: www.cms.gov/EHRIncentivePrograms
- Regional Extension Centers, which offer direct support in adopting certified EHR technology. Find the REC in your area by visiting: www.healthit.hhs.gov/rec
- Begin participating in 2011 and 2012 to earn the maximum incentive—up to \$44,000 for Medicare and up to \$63,750 for Medicaid

The Medicare and Medicaid EHR Incentive Programs are providing incentive payments to eligible professionals and hospitals as they demonstrate meaningful use of certified EHR technology.

Certified EHR technology can help improve the quality of health outcomes and the efficiency of health care, while providing privacy and security safeguards.

Get Connected to a Certified Electronic Health Record!



* The Medicaid EHR Incentive Program is voluntarily offered and administered by states and territories and can also begin in 2011. Actual start dates will vary by state.

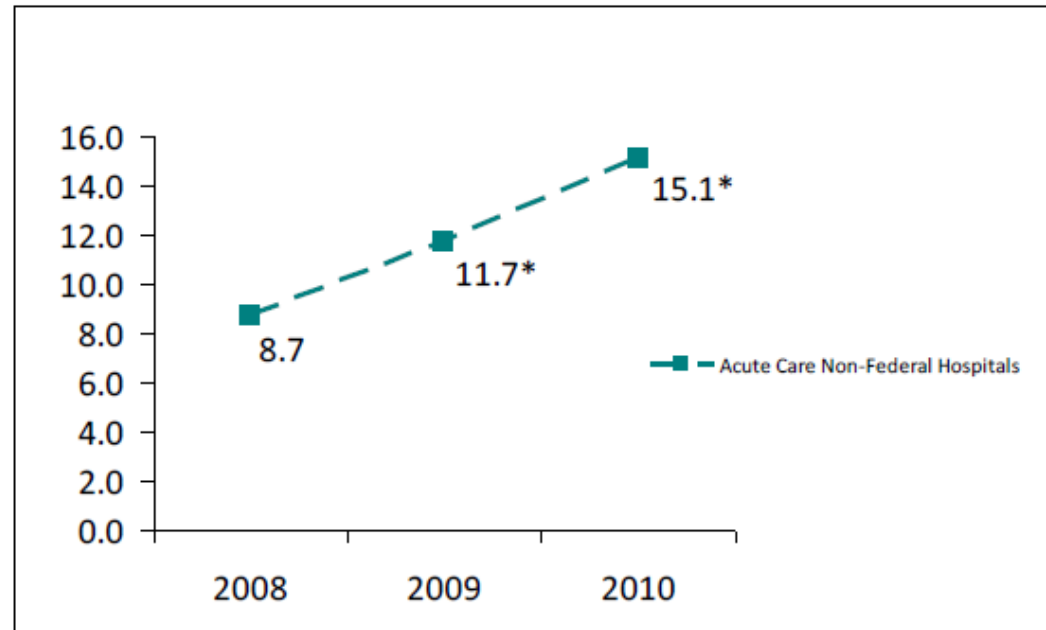
ONC Survey Results for EHR Adoption

- Surveys commissioned by ONC and carried out in the course of regular annual surveillance by the American Hospital Association (AHA) and the National Center for Health Statistics (NCHS) at CDC
- Survey results from NCHS and AHA can be obtained at:
 - http://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm
 - <http://www.ahadata.com/ahadata/html/AHASurvey.html>

American Hospital Association Information Technology Survey, 2008-2010

- Nationally:

Figure 1. Percent of Acute Care Non-Federal Hospitals With at Least a “Basic” Electronic Health Record (2008-2010)²



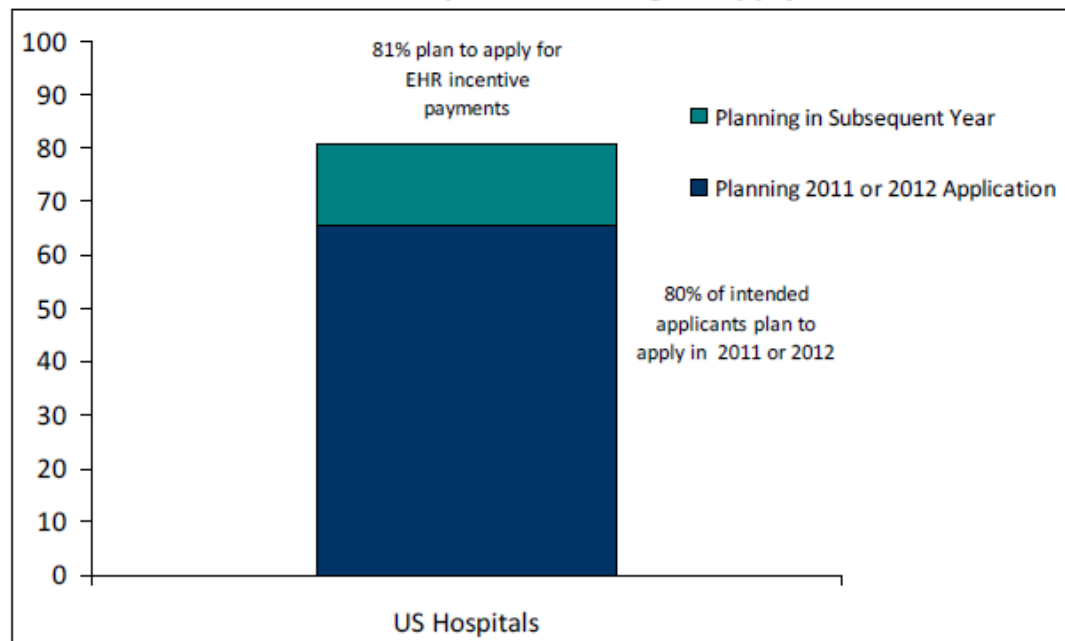
*Significantly above previous year estimate at $p \leq 0.05$

- In California, approx 21% of Acute Care Non-Federal Hospitals report at least a “basic” EHR

American Hospital Association Information Technology Survey, 2008-2010

■ Nationally:

Figure 2. Percent of Acute Care Non-Federal Hospitals Planning to Apply for EHR Incentive Payments

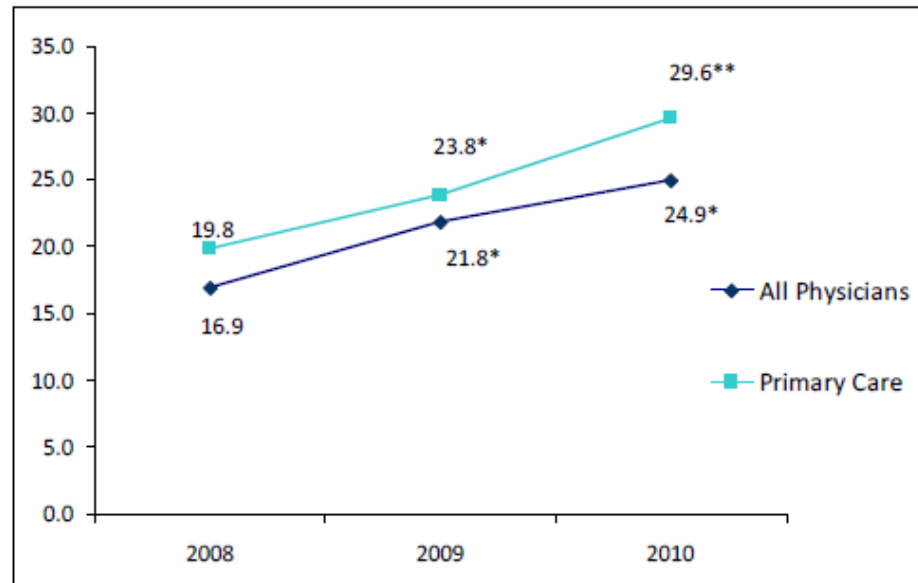


- In California, approx 82% plan to apply for Incentive payments

National Center for Health Statistics, National Ambulatory Medical Center Survey, 2008-2010

■ Nationally:

Figure 3. Percent of Office-Based Physicians Who have Adopted at Least a “Basic” Electronic Health Record²



* Significantly above 2008 estimate at $p \leq 0.05$

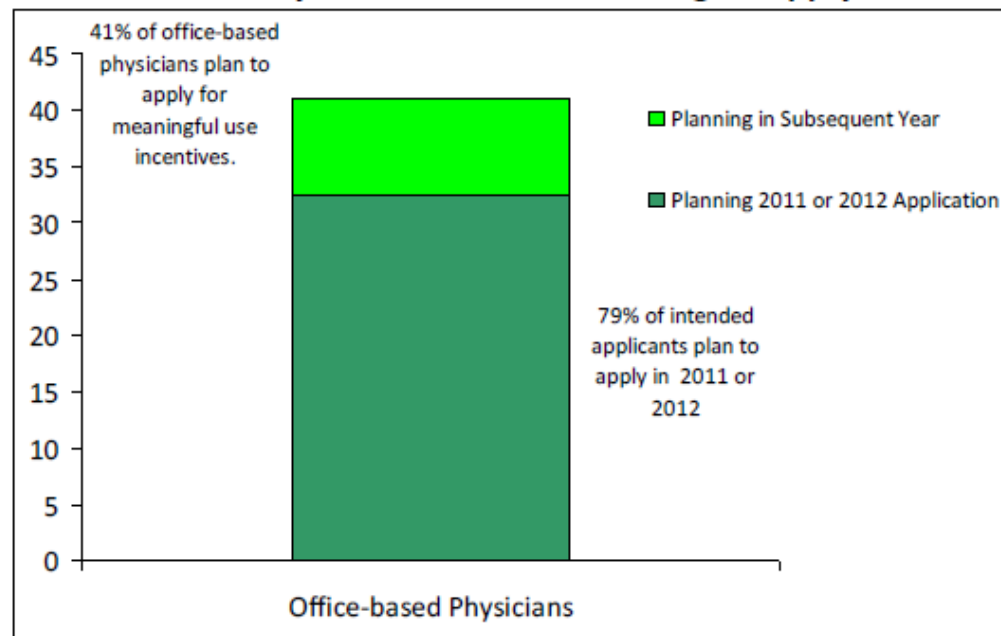
** Significantly above 2009 and 2010 all physician estimates at $p \leq 0.05$

- In California, approx 22% of Office-Based Physicians report at least a “basic” EHR

National Center for Health Statistics, National Ambulatory Medical Center Survey, 2008-2010

■ Nationally:

Figure 4. Percent of Office-Based Physicians Who are Planning to Apply for EHR Incentive Payments



- In California, approx 40% plan to apply for Incentive payments

Federal Updates

- Comments Sought on Potential Stage 2 Meaningful Use Objectives
- The Policy Committee will consider all of these comments in forming the stage 2 meaningful use recommendations it presents this summer to the U.S. Department of Health & Human Services.
- Comment period will be 45 days, beginning late next week.
- Link to HHS document:
[http://healthit.hhs.gov/media/faca/MU_RFC%20 2011-01-12_final.pdf](http://healthit.hhs.gov/media/faca/MU_RFC%202011-01-12_final.pdf)

Provider Enrollment Update

Betsy L. Thompson, MD, DrPH

Chief Medical Officer

CMS, Region IX

Raul Ramirez, Chief

Office of Health Information Technology

California Department of Health Care Services

Cal eConnect Update

Mark Elson, PhD
Chief Policy and Program Officer

HIE Expansion Grant Program

- RFGA released
- Applications due Jan 31
- Webinar tomorrow

HIE EXPANSION GRANT OVERVIEW Total Funds \$6 Million		
	Cycle 1	Cycle 2
Designated Funds	\$3 million	\$3 million
Award Amounts	\$250,000 to \$1.5 million	\$250,000 to \$1.5 million
Funding Period	March 2011 – November 2012	September 2011 – March 2013

- Program objectives:
 - Expand local capacity for health information exchange
 - Enable providers to meet HIE-related Meaningful Use criteria
 - Produce measurable improvements in care coordination, quality, and efficiency
 - Connect HIE efforts to the provider directory and messaging framework under development by Cal eConnect

ONC Challenge Funding Opportunity

ONC Theme	Proposed Project	Proposed Lead and Partners
1 Achieving health goals through health information exchange	California Health Information Exchange System for Acute Stroke and Heart Attack	CDPH Heart Disease and Stroke Prevention Program , The California Stroke Registry, the California Cancer Registry, local Emergency Medical Services Agencies
2 Improving long term and post-acute care transitions	California Care Transitions Exchange (Cal-CTX)	Western Health Information Network , Redwood MedNet, Santa Cruz Health Information Exchange, AgeTech CA, Partners-In-Care Foundation, Cognosante
3 Consumer mediated information exchange	Ensuring Statewide Capacity for Consumer-Mediated Information Exchange in California	The Children's Partnership , San Francisco Health Information Exchange (SFHEX), Alameda and Contra Costa Health Information Organization (ACCHIO), FollowMe
4 Enabling enhanced query for patient care	The California Personalized Medicine HIE Project	California Telehealth Network , RAIN Telemedicine Network, Cancer Commons, the California Personalized Health Information (pHIT) program, Cognosante
5 Fostering distributed population level analytics	The California Virtual Laboratory for Population-Level Analytics	UCLA Department of Medicine , USC Information Sciences Institute, UCLA Center for Health Policy Research, COPE Health Solutions, Western Health Information Network, CalHIPSO, LA Care, CalOptima

eHealth Stakeholder Planning Workgroup

Objective:

- To plan the statewide stakeholders meeting.

First Meeting:

- January 26th, 3:30pm

Members:

- Jon Langmead, Lura Hawkins, Lyman Dennis, Ed Babakanian, Sokkim Lim, Elisa Ashton, Eileen Moscaritolo, Reena Samantaray
- Staff Lead: Judy Chan, Cal eConnect

eHealth Evaluation Workgroup

Objective:

- Develop and implement a coordinated statewide strategy for the tracking and evaluation of HIT and HIE adoption, use, and outcomes in California

First Meeting:

- Feb 4th, 11am

Members:

- Lyman Dennis, Christine Schmoeckel, Elisa Ashton, Hilary Campbell, Eileen Moscaritolo, Van Vu, Linette Scott, Mary Franz, Larry Dickey, Mary Vazquez
- Staff Lead – Mark Elson, Cal eConnect

Cal eConnect Public Meetings

Board of Directors:

- January 21
- February 25
- March 25

Advisory Groups

- Business Advisory Group: 1-3 pm, first Wednesday of every month
- Engagement Advisory Group: 1-3 pm, second Wednesday of every month
- Technology Advisory Group: 1-3 pm, third Wednesday of every month
- Policy Advisory Group: 1-3 pm, fourth Wednesday of every month

Please check our website for more information or occasional deviations from this schedule

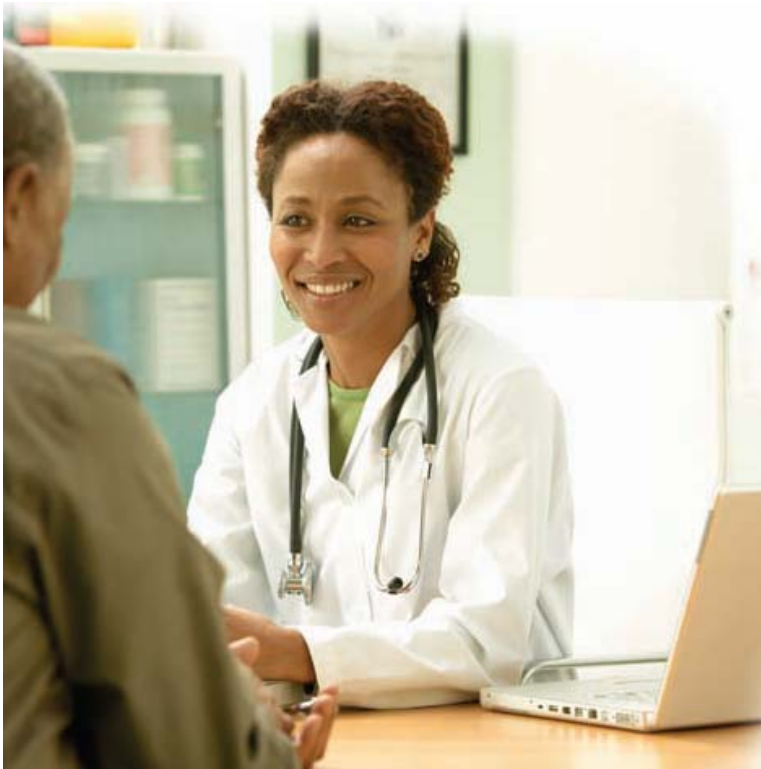
CalHIPSO

Speranza Avram, M.P.A.
Executive Director

REC Program Update from the ONC

- **Extended the timeline of the REC cooperative agreement from 2 years to 4 years**
 - Allows extra time for RECs to use current funding to serve PPCPs
 - Does not change the number of provider slots available to RECs
- **Extended the match requirement so that RECs will need to fund only 10% of the first four years in order to receive the 90% federal match**
- **Rural/Critical Access Hospital grant program will be funded at \$18,000 per hospital instead of \$12,000 per hospital**
- **Availability of additional core funding in Years 3 and 4 dependent on successful evaluation in early 2012 – money to be reallocated from other RECs**

Outreach & Enrollment Update



- **2,705 providers enrolled to date**
 - Highest number of PPCPs enrolled nationwide
 - CalHIPSO North is one of 10 RECs with highest percentage of targeted providers enrolled
- **18 Outreach Partners selected**
 - 14 County Medical Societies
 - California Medical Association
 - California Primary Care Association
 - California Academy of Family Physicians
 - CMA Foundation/Network of Ethnic Physician Organizations

Vendor Update



- **Overview**

- Developing GPO contracts for 8 EHR vendors
- Working with HITEC LA and CalOptima to develop contracts
- Contracts will include pre-negotiated terms and pricing

- **Process Activities/Schedule**

- Completed contract development and distribution
- Addressed vendor questions
- Scheduled Face-to-Face vendor meetings (negotiations)
- Scheduled for a February 1st completion

www.calhipso.org

1-888-589-4897

info@calhipso.org

CalOptima Regional Extension Center (COREC)

Eileen Moscaritolo
Executive Director, IS
CalOptima

CalOptima Regional Extension Center (COREC)

- Additional *proposed* funding
 - Original \$4.6 million
 - Revised \$5.7 million
- Staffing Update
 - Director Karynsue Frank starts 01/17
- RFI for service partners
 - Posted in the next 2-4 weeks
- Provider Enrollments to date
 - 47

Interested in more information? Please visit:
www.caloptima.org/corec

HITEC-LA

Mary Franz
Executive Director

Medi-Cal EHR Incentive Program

Raul Ramirez
Chief, Office of Health IT



Program Status

- State Medicaid HIT Plan (SMHP) submitted to CMS first week of December.
- Implementation Advanced Planning Document (I-APD) submitted the following week for Core Business processes.
- Launch date?
- Updated I-APD to be submitted following approval of initial I-APD.

Insights from Week 1

- Eleven states launched on January 3, 2011
- States that made payments: Oklahoma, Kentucky, Louisiana, Iowa
 - Process for payment different from Medi-Cal
- All hospitals must be active in PECOS
 - “general” vs. “acute” hospital designation
- Applying at the NLR when states have not launched.
 - File placed in pending status until state launches
 - Cannot complete eligibility verification or get paid.
- EHR Certification—Big Confusion
 - ONC vendor number (has dashes)
 - CMS Certification Number (15-digit, alpha numeric, no dashes)
 - CMS guidance forthcoming

Countdown to Launch

- Worksheets available to collect data for input into the ePIP
 - Available at medi-cal.ehr.ca.gov under Downloadable Resources
- Hospital payment calculator
 - In development
- Learn from other states and from each other.

Public Health

Linette Scott
Deputy Director, Health Information and
Strategic Planning

Public Health Reporting and Meaningful Use

- Updates for Public Health capabilities to receive Meaningful Use reporting will be posted to the CDPH eHealth web site at:
<http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>
- Coming soon – specific capabilities for each of the Public Health Objectives
 - ☐ Reporting to Immunization Registries
 - ☐ Reporting Laboratory Results
 - ☐ Syndromic Surveillance Reporting
- Please check back for updates

California Telehealth Network



CALIFORNIA
TELEHEALTH NETWORK

Eric Brown
CTN

California Telehealth Network

- CTN activated first sites in December
- Completing CENIC installation over the next couple of weeks which is required for full site functionality
- Plan to activate 20 to 30 sites per month during Q1 2011

LEC Installed Sites

December 2010

CATALINA ISLAND MEDICAL CENTER
 CLINICAS DEL CAMINO REAL, INCORPORATED, FILLMORE
 CLINICAS DEL CAMINO REAL, INCORPORATED, MARAVILLA
 CLINICAS DEL CAMINO REAL, INCORPORATED, OJAI
 CLINICAS DEL CAMINO REAL, INCORPORATED, SANTA PAULA
 CLINICAS DEL CAMINO REAL, INCORPORATED, VENTURA
 CLINICAS DEL CAMINO REAL, INCORPORATED, NEWBURY PARK
 COMMUNICARE HEALTH CENTERS, DAVIS COMMUNITY CLINIC
 COMMUNITY HEALTH ALLIANCE OF PASADENA, CHAP
 CONSOLIDATED TRIBAL HEALTH PROJECT, INC.
 DEL NORTE CLINICS INC. CHICO FAMILY HEALTH CENTER
 DEL NORTE CLINICS INC. LINDHURST FAMILY HEALTH CENTER
 DEL NORTE CLINICS INC. OROVILLE FAMILY HEALTH CENTER
 EAST VALLEY COMMUNITY HEALTH CENTER INC. CENTRAL CLINIC
 LIVINGSTONE MEDICAL GROUP
 SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
 SHASTA COMMUNITY HEALTH CENTER, MAIN CLINIC

January 2011

CENIC POP
 REGENTS OF THE UNIVERSITY OF CALIFORNIA, UC DAVIS HEALTH SYSTEMS
 COMMUNICARE HEALTH CENTERS, SALUDE CLINIC

California Telehealth Network

- CTN is accepting Letters of Agency (LOA's) to qualify additional sites to participate in the FCC's Rural Health Pilot Program
- CTN web site re-Launch by the end of the month

California Telehealth Network

- CTN applied for ONC Challenge grant in conjunction with RAIN Network, Cancer Commons Breast Cancer clinical decision support application
- Currently reviewing other proposals for specific clinical and eHealth applications that will ride on the network

CTN Broadband Adoption (BTOP) Grant

- \$9.1 million over 3 years
- \$4.7 million match to fund CTN operations as well as support patient centered, community based health care delivery with equipment and training
- Provides for the establishment of 15 “model communities” for implementation of technology enable health care

CTN Broadband Adoption (BTOP) Grant

- Model Communities selection criteria due out by the end of the month
- Grant provides participants with telemedicine/eHealth equipment, provider and patient training
- Scheduling BTOP briefings Feb/March

Beacon Community Program

San Diego Beacon Community

The San Diego Beacon Collaborative (SDBC) aims to use electronic health information exchange to enable providers to improve medical care decisions and overall care quality, empower patients to engage in their own health management, and reduce unnecessary and redundant testing. Specifically, the SDBC is working to achieve six objectives:

- ▶ Improve heart disease and stroke prevention
- ▶ Enhance management of acute chest pain prior to and during hospitalization
- ▶ Improve care for patients after hospitalization for heart disease or stroke
- ▶ Increase rates of childhood and adult immunizations, as well as report data to a county registry
- ▶ Expand the number of labs and clinical facilities that report diseases to the county public health department for surveillance
- ▶ Reduce redundant radiology tests for patients across the SDBC



Ed Babakanian, CIO
UCSD Health Systems

San Diego Beacon Community

■ <http://sandiegobeacon.org>

"These pioneering communities are going to lead the way in bringing smarter, lower-cost health care to all Americans" VP Joe Biden

SAN DIEGO BEACON COMMUNITY

San Diego is one of only 17 communities across the country chosen as a Beacon community to lead the nation in advancing health information technology (health IT). Our community has been awarded a three-year, \$15.3 million federal grant from the Office of the National Coordinator for Health Information Technology to spur improvements in our community by fostering innovation and adoption of health IT.

Health IT has the potential to improve healthcare quality, prevent medical errors, increase the efficiency of care provision while reducing unnecessary health care costs, increase administrative efficiencies, and expand access to affordable care and improve population health. These advances should lead to better, more effective medical care by improving health IT for patients, providers, clinics and hospitals, resulting in better health for all San Diegans.

ABOUT US

WORKING TOGETHER

As the only Beacon community selected in California, there is great excitement and attention focused on San Diego. Our collaborative includes a wide variety of partners including:

- Rady Children's Hospital
- Council of Community Clinics
- County of San Diego
- Naval Medical Center San Diego
- Hospital Association of San Diego & Imperial Counties
- Kaiser Permanente
- UC San Diego Health System
- San Diego City/Fire EMS
- Scripps Health
- Sharp Healthcare
- VA San Diego Healthcare System

Communication

- Website: www.ehealth.ca.gov
- Twitter: <http://Twitter.com/CAeHealth>
- Sign up for listserv, send comments and questions: ehealth@chhs.ca.gov

Q & A - Please press *1 to get into the question queue

Next California eHealth Stakeholder Webinar

February 10, 2010

1pm – 2pm Pacific Daylight Time

Participant Toll Free: (877) 531-2985

Passcode: 162492

Webinar sign up: <https://www1.gotomeeting.com/register/489592424>

Our eHealth planning process has been supported in part by grants from the California HealthCare Foundation, The California Endowment, LA Care Health Plan and ARRA stimulus funding. We are grateful for these contributions.